2006 Tiffany Springs Park Archery Managed Deer Hunt Application



Please Send Completed Applications To: Urban Wildlife Biologist: KCMO Park Hunts Missouri Department of Conservation 4750 Troost Avenue Kansas City, MO 64110



A managed archery deer hunt will occur at Tiffany Springs Park from **November 26, - December 10, 2006**. The purpose of this hunt is to reduce the number of resident deer on the park property to achieve deer management goals.

A mandatory orientation will be held November 2, 2006 at 6pm located at Line Creek Community Center, 5940 NW Waukomis Dr., KCMO. (Date may change)

- Each hunter may only apply for one of the two park hunts.
- Hunters may not apply as a group.

Hunter Criteria:

- Hunters must be Missouri residents.
- Hunter must be 16 years of age or older.
- Preference will be given to hunters who are Kansas City, Missouri residents. Please provide a photocopy of your Kansas City, Missouri Water Services Bill or statement of personal property tax paid to Kansas City, Missouri as proof of residency. If your name is not on these documents also provide a photocopy of a photo ID that has an address matching the above bill or tax statement.
- Preference will also be given to hunters with Bow Hunter Education Certification. If taken in a state other than Missouri please provide a photocopy of certificate or card.
- Hunters will be required to purchase a Resident Archer's Hunting Permit and/or Resident Archer's Antlerless Deer Hunting Permits.
- Hunters are encouraged to harvest mature antlerless deer.
- Deer taken during this hunt will count toward regular season bag limit

Application Deadline: September 29, 2006

Hunter Notification: October 9 - 13, 2006, only successful hunters will be notified.

Please Note: Bow Hunter Education Certification will be required for all Kansas City Park Managed Hunts starting in 2007 Deer Season.

Application	ı No.	



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Please completely fill PLEASE PRINT CL		the application below.	
Conservation I.D. N	umber	hing permit or backside of Heritage Ca	ard next to bar code)
Date of Birth		Kansas City, MO Resident (Please provide photocopy pr	YesNO
Mo	Day Year	(Please provide photocopy pr	oof of residency)
NameLast		First	Middle
Address			
City			State
Zip Code		Telephone	
Bow Hunter Education	<u>Information</u>		
State:	Date of Certi	ification:	
	Bow Hunter Ed	lucation Number	

Please provide a photocopy of Bow Hunter Education Certification if taken in a state other than Missouri.